

## GENERAL WAIVER

In consideration of permission granted to observe on any emergency apparatus as a guest of Whatcom County Fire District No. 7, I agree to assume all risks incident to such visits and agree that Whatcom County Fire District No. 7, its officers, and employees will not be held responsible to the fullest extent allowable by law for any injuries to my person or property which may arise from any cause or for any reason whatsoever during my visit. I agree to wear personal protective equipment provided by WCFD#7 in any situation which could expose me to another person's body fluids. Further, I agree to keep in confidence and to not record, photograph, or disclose to anyone the name or other information regarding any patient.

I acknowledge that I have read the attached information sheet entitled "WHATCOM COUNTY FIRE DISTRICT NO. 7 RIDE-ALONG PROGRAM" and agree to abide by the rules stated on that sheet.

This waiver shall be in effect for visits occurring January 1 through December 31, 20\_\_\_\_. Signed and Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature of Parent/Guardian if under age 18: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

### Whatcom County Fire District No. 7 Request to Ride-a-Long

**Rider Name:** \_\_\_\_\_

**Rider Address:** \_\_\_\_\_  
\_\_\_\_\_

**Rider Phone:** \_\_\_\_\_

**Date(s) Requested:** \_\_\_\_\_  
\_\_\_\_\_

**Time:** \_\_\_\_\_

*When this form has been filled out, give it to AC Hoffman for approval and posting on the DayBook. He will contact the Rider and let them know if the requested date/time are approved.*

**Approved by** \_\_\_\_\_ **Date:** \_\_\_\_\_